

SERFF Tracking Number: AMGN-125739869 State: Arkansas
 Filing Company: American General Life and Accident Insurance Company State Tracking Number: 39705
 Company Tracking Number: AGLA 5SIUL REV0308, P3, ETAL
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: AGLA 5SIUL REV0308 Insert Page Filing
 Project Name/Number: 2001 CSO Mortality Table Reqs/AGLA 5SIUL REV0308, Pgs 3, 6/7, 8/9, 14/15, 16/17

Filing at a Glance

Company: American General Life and Accident Insurance Company
 Product Name: AGLA 5SIUL REV0308 Insert SERFF Tr Num: AMGN-125739869 State: ArkansasLH
 Page Filing
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 39705
 Adjustable Life
 Sub-TOI: L09I.001 Single Life Co Tr Num: AGLA 5SIUL REV0308, P3, ETAL State Status: Approved-Closed
 Filing Type: Form Co Status: Reviewer(s): Linda Bird
 Author: Marilyn Ellis Disposition Date: 07/25/2008
 Date Submitted: 07/22/2008 Disposition Status: Approved
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: 2001 CSO Mortality Table Reqs Status of Filing in Domicile: Authorized
 Project Number: AGLA 5SIUL REV0308, Pgs 3, 6/7, 8/9, 14/15, 16/17 Date Approved in Domicile: 07/22/2008
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 07/25/2008
 State Status Changed: 07/25/2008 Deemer Date:
 Corresponding Filing Tracking Number: AGLA 5SIUL REV0308, Pgs 3, 6/7, 8/9, 14/15, 16/17
 Filing Description:
 FILING FOR 2001 CSO MORTALITY TABLE REQUIREMENTS

INSERT PAGES FOR POLICY AGLA 5SIUL

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Form No.

Description

Replaces Previously Approved

AGLA 5SIUL R REV0308, Pg 3 Insert Page AGLA 5SIUL, Pg 3 12/12/05

AGLA 5SIUL REV0308, Pg 6/7 Insert Page AGLA 5SIUL, Pg 6/7 12/12/05

AGLA 5SIUL REV0308, Pg 8/9 Insert Page AGLA 5SIUL, Pg 8/9 12/12/05

AGLA 5SIUL REV0308, Pg 14/15 Insert Page AGLA 5SIUL, Pg 14/15 12/12/05

AGLA 5SIUL M REV0308, Pg 16/17 Insert Page AGLA 5SIUL M, Pg 16/17 12/12/05

AGLA 5SIUL F REV0308, Pg 16/17 Insert Page AGLA 5SIUL F, Pg 16/17 12/12/05

The above policy insert pages are being submitted for your consideration and approval. Each form replaces a previously approved insert page as shown above.

The above insert pages will be used with individual, nonparticipating Flexible Premium Adjustable Life Insurance Policy AGLA 5SIUL, previously approved on December 12, 2005.

The John Doe information on Page 3 is for the following specifications: Male, Age 60, \$10,000 of Initial Specified Amount and Issue Date of 7/01/08. Insert Page 16/17 is based on specific issues, as follows:

1. AGLA 5SIUL M REV0308 will be issued for male Insureds;
2. AGLA 5SIUL F REV0308 will be issued for female Insureds.

To comply with 2001 CSO Mortality Table requirements, the following changes have been made to the referenced insert pages:

1. The reference to "1980 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Table" on page 3B has been replaced with "2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Table."

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2. The Table of Death Benefit Factors on page 6 has been expanded to show attained ages through age 120.
3. The reference to "Monthly Guarantee Premium (MGP) to Age 100" has been replaced with "Monthly Guarantee Premium (MGP) to Age 121" on pages 7, 9 and 15.
4. The Table of Guaranteed Monthly Cost of Insurance Rates per \$1,000 of Net Amount at Risk on page 16 has been updated based on the 2001 CSO Mortality Table.

The Flesch readability scores for the insert pages are as follows:

Form Number Flesch Score

AGLA 5SIUL R REV0308, Pg 3 55.6
AGLA 5SIUL REV0308, Pg 6/7 51.3
AGLA 5SIUL REV0308, Pg 8/9 51.8
AGLA 5SIUL REV0308, Pg 14/15 51.9
AGLA 5SIUL M REV0308, Pg 16/17 51.8
AGLA 5SIUL F REV0308, Pg 16/17 51.8

Company and Contact

Filing Contact Information

Kathryn Mitchell, Manager kathryn_mitchell@aigag.com
American General Center (615) 749-1139 [Phone]
Nashville, TN 37250-0001 (615) 749-2521[FAX]

Filing Company Information

| | | |
|--|-------------------------|------------------------------|
| American General Life and Accident Insurance Company | CoCode: 66672 | State of Domicile: Tennessee |
| American General Center | Group Code: 12 | Company Type: |
| Nashville, TN 37250-0001 | Group Name: AIG | State ID Number: |
| (615) 749-1139 ext. [Phone] | FEIN Number: 62-0306330 | |
| | ----- | |

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Filing Fees

Fee Required? Yes

Fee Amount: \$120.00

Retaliatory? No

Fee Explanation: 6 forms x \$20 = \$120.00

Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| American General Life and Accident Insurance Company | \$120.00 | 07/22/2008 | 21536900 |

Correspondence Summary

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 07/25/2008 | 07/25/2008 |

| | | | |
|--------------------------|---|------------------------|----------------------|
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Disposition

Disposition Date: 07/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|----------------------------------|-------------|---------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Health - Actuarial Justification | | No |
| Supporting Document | Outline of Coverage | | No |
| Supporting Document | Statement of Variability | | Yes |
| Form | Insert Page 3 | | Yes |
| Form | Insert Page 6/7 | | Yes |
| Form | Insert Page 8/9 | | Yes |
| Form | Insert Page 14/15 | | Yes |
| Form | Insert Page 16/17 | | Yes |
| Form | Insert Page 16/17 | | Yes |

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Form Schedule

Lead Form Number: AGLA 5SIUL REV0308, P3, etal

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|----------------------|--|-------------------|---------|----------------------|-------------|---------------------------|
| | AGLA 5SIUL R REV0308 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Insert Page 3 | Initial | | 56 | AGLA5SIULR REV0308P3.pdf |
| | AGLA 5SIUL REV0308 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Insert Page 6/7 | Initial | | 51 | AGLA5SIULR EV0308P6.pdf |
| | AGLA 5SIUL REV0308 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Insert Page 8/9 | Initial | | 52 | AGLA5SIULR EV0308P8.pdf |
| | AGLA 5SIUL REV0308 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Insert Page 14/15 | Initial | | 52 | AGLA5SIULR EV0308P14.pdf |
| | AGLA 5SIUL M REV0308 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Insert Page 16/17 | Initial | | 52 | AGLA5SIULM REV0308P16.pdf |

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| | | | | | |
|---------|-------------|-------------------|---------|----|-------------|
| AGLA | Certificate | Insert Page 16/17 | Initial | 52 | AGLA5SIULF |
| 5SIUL F | Amendmen | | | | REV0308P16. |
| REV0308 | t, Insert | | | | pdf |
| | Page, | | | | |
| | Endorseme | | | | |
| | nt or Rider | | | | |

POLICY SCHEDULE

Schedule of Benefits

BASIC POLICY

Flexible Premium Adjustable Life Insurance

Years Payable

[61]

Monthly Cost of Insurance

See Page 16

Schedule of Premiums & Expense Charges

| | | |
|--|-------------------|---|
| Premium Class | - | [Standard—Non-Tobacco] |
| Initial Premium | - | [\$44.95] |
| Planned Periodic Premium | - | [\$44.95] |
| Due Date (for Planned Periodic Premium) | - | [1 st Day of Each Month] |
| Deduction Day | - | [1 st Day of Each Month] |
| Monthly Guarantee Premium (MGP) to | | |
| Age 121 | - | [\$41.80] |
| Monthly Guarantee Premium Interest | | |
| Rate | - | [15% in Policy years 1-15, 0% thereafter] |
| Guarantee Continuation Percentage | - | [75%] |
| Guideline Single Premium | - | [\$6,102.51] |
| | Guaranteed | Initial |
| Premium Expense Charge Percentage | - | 7.50% [7.50%] |
| Monthly Administration Fee | - | \$7.00 [\$7.00] |
| Monthly Expense Charge Rate | | |
| per \$1,000 of Initial Specified Amount | | |
| Years 1—5 | - | [\$0.97] |
| Years 6 and Later | - | \$0.00 |

Increases and Decreases in Specified Amount

| | | |
|---------------------------------|---|------------|
| Minimum Specified Amount | - | [\$10,000] |
| Minimum Increase Amount | - | [\$5,000] |

POLICY SCHEDULE

(Continued)

Surrenders

Partial Surrender Charge - \$25.00
Surrender Charge Period - [19] Years

Table of Surrender Charges per \$1,000 of Initial Specified Amount

| Year of Surrender | Surrender Charge per \$1,000 | Year of Surrender | Surrender Charge per \$1,000 |
|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1 | [\$34.03] | 11 | [\$11.45] |
| 2 | [31.39] | 12 | [9.82] |
| 3 | [28.84] | 13 | [8.02] |
| 4 | [26.01] | 14 | [6.62] |
| 5 | [23.68] | 15 | [5.31] |
| 6 | [21.45] | 16 | [4.10] |
| 7 | [19.31] | 17 | [2.98] |
| 8 | [17.28] | 18 | [1.74] |
| 9 | [15.01] | 19 | [0.83] |
| 10 | [13.18] | 20+ | 0.00 |

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. Additional Surrender Charges related to an increase in Specified Amount will begin from the effective date of the increase. These additional Surrender Charges will be provided in an endorsement to this Policy. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

POLICY SCHEDULE

(Continued)

Mortality Table

2001 Commissioners Standard Ordinary ALB, Male or Female, Smoker or Nonsmoker Mortality Table

Guaranteed Interest Rate

Guaranteed Interest Rate - 0.24663% per month, compounded monthly
(This is equivalent to 3.00% per year, compounded annually.)

Accumulation Value Interest

Interest at the rate declared by Us will be applied to any Accumulation Value in excess of any Loan Balance. Interest at the Guaranteed Interest Rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by Us will be credited to the amount of any outstanding Preferred Loan Balance.

Loans

Annual Policy Loan Interest Rate - 8.00%
Preferred Loan Start Date - 10th Policy Anniversary

Maturity Date

[July 1, 2069]

Coverage may expire prior to the Maturity Date if:

- (a) no future premiums are paid following payment of the Initial Premium; or
- (b) subsequent premiums are insufficient; or
- (c) We change the cost of insurance rates, interest rates, the Premium Expense Charge Percentage, the Monthly Administration Fee, or the Monthly Expense Charge.

Endorsement(s)

We will pay any amount which becomes payable under this Policy upon the Insured's death as soon as reasonably possible. We will credit interest at an annual rate of 8.00% on such amount after 30 days from the date when proof of death is received in Our Home Office until payment is made.

A-7.1

DEATH BENEFIT

DEATH BENEFIT PROCEEDS

If the Insured dies prior to the Maturity Date and while this Policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary after We receive due proof and proper written claim. The Death Benefit Proceeds will be subject to any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown in the Policy Data on Page 1.

Guidelines for changing the Specified Amount can be found in the section entitled "Changing Your Insurance Policy."

The Death Benefit Proceeds will be the Death Benefit Amount, after reversing any premium received after the date of death, less any Loan Balance and will be subject to the other provisions of the Owner and the Beneficiary section.

The Death Benefit Amount will be the greater of:

- (a) the Specified Amount on the date of death; or
- (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor.

DEATH BENEFIT FACTOR

The Death Benefit Factor will be based on the Insured's Attained Age on each Policy Anniversary as shown in the following table.

| Table of Death Benefit Factors | | | | | |
|--------------------------------|--------|--------------|--------|--------------|--------|
| Attained Age | Factor | Attained Age | Factor | Attained Age | Factor |
| 20-40 | 2.50 | 54 | 1.57 | 68 | 1.17 |
| 41 | 2.43 | 55 | 1.50 | 69 | 1.16 |
| 42 | 2.36 | 56 | 1.46 | 70 | 1.15 |
| 43 | 2.29 | 57 | 1.42 | 71 | 1.13 |
| 44 | 2.22 | 58 | 1.38 | 72 | 1.11 |
| 45 | 2.15 | 59 | 1.34 | 73 | 1.09 |
| 46 | 2.09 | 60 | 1.30 | 74 | 1.07 |
| 47 | 2.03 | 61 | 1.28 | 75-90 | 1.05 |
| 48 | 1.97 | 62 | 1.26 | 91 | 1.04 |
| 49 | 1.91 | 63 | 1.24 | 92 | 1.03 |
| 50 | 1.85 | 64 | 1.22 | 93 | 1.02 |
| 51 | 1.78 | 65 | 1.20 | 94 | 1.01 |
| 52 | 1.71 | 66 | 1.19 | 95-120 | 1.00 |
| 53 | 1.64 | 67 | 1.18 | | |

CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount to become effective any time after the Date of Issue. Your request must be submitted to Our Home Office in writing.

INCREASING THE SPECIFIED AMOUNT

Any increase in the Specified Amount cannot be less than the Minimum Increase Amount shown on the Policy Schedule. We will require a supplemental application and evidence of insurability satisfactory to Us for any increase in the Specified Amount. An increase will be effective on the monthly Deduction Day on or next following the date the application for increase is approved by Us.

DECREASING THE SPECIFIED AMOUNT

Any decrease will go into effect on the monthly Deduction Day following the day We receive the request after the first Policy Anniversary. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

- (a) the Minimum Specified Amount shown on the Policy Schedule; or
- (b) any Death Benefit Amount required to qualify this Policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

- (a) against any Specified Amount provided by an increase, beginning with the most recent; and then
- (b) against the Initial Specified Amount.

A decrease in Specified Amount does not decrease the Per \$1,000 Expense Charge then in effect, if any.

Any decrease in Specified Amount (including reductions due to Partial Surrenders) will be subject to applicable Surrender Charges on a pro rata basis deducted from the Accumulation Value, and any remaining Surrender Charge will be reduced on a pro rata basis. However, if such charge is greater than the Accumulation Value, the Specified Amount decrease will not be allowed.

CHANGING THE TERMS OF YOUR POLICY

Any change in Your Policy must be approved by one of Our officers. No agent has the authority to make any changes or waive any of the terms of Your Policy.

POLICY VALUES

ACCUMULATION VALUE ON THE DATE OF ISSUE

The Accumulation Value on the Date of Issue will be:

- (a) the Net Premium received; less
- (b) the Monthly Deduction for the first Policy Month. (See the How We Calculate A Monthly Deduction provision.)

The first Deduction Day is the Date of Issue. The monthly Deduction Day is shown on the Policy Schedule.

ACCUMULATION VALUE ON EACH MONTHLY DEDUCTION DAY

The Accumulation Value on each monthly Deduction Day after the Date of Issue will be:

- (a) the Accumulation Value on the last monthly Deduction Day; plus
- (b) one month's interest on such value at the then-current interest rate; plus
- (c) any Net Premium received since the last monthly Deduction Day; less
- (d) the Monthly Deduction for the Policy Month following the monthly Deduction Day (See the How We Calculate A Monthly Deduction provision); less
- (e) any Partial Surrender made and any charges for Partial Surrenders made since the last monthly Deduction Day; less
- (f) any Surrender Charge assessed as a result of a decrease in Specified Amount effective on the monthly Deduction Day.

ACCUMULATION VALUE ON ANY DAY OTHER THAN A MONTHLY DEDUCTION DAY

The Accumulation Value on any day other than a monthly Deduction Day will be:

- (a) the Accumulation Value as of the last monthly Deduction Day; plus
- (b) all Net Premiums received since the last monthly Deduction Day; less
- (c) any Partial Surrenders paid and any charges for Partial Surrenders made since the last monthly Deduction Day.

CASH VALUE

The Cash Value of this Policy will be equal to the greater of:

- (a) the Accumulation Value less the Surrender Charge; or
- (b) zero.

CASH SURRENDER VALUE

The Cash Surrender Value of this Policy will be equal to the Cash Value less any Loan Balance.

MONTHLY DEDUCTIONS

Unless this Policy is being continued in force under the MGP To Age 121 provision, a Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. Each Monthly Deduction deducted from the Accumulation Value will cause an equal reduction in the Cash Surrender Value. If the Cash Surrender Value on a monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this Policy will be subject to the Grace Period and MGP To Age 121 provisions.

HOW WE CALCULATE A MONTHLY DEDUCTION

Each Monthly Deduction includes:

- (a) the cost of insurance provided by the basic Policy for the Initial Specified Amount and any subsequent increases; and
- (b) the cost of insurance for benefits provided by riders; and
- (c) the Monthly Administration Fee; and
- (d) the Monthly Expense Charge.

HOW WE CALCULATE THE COST OF INSURANCE FOR THE BASIC POLICY

We calculate the cost of insurance at the beginning of each Policy Month on the monthly Deduction Day. First, the Accumulation Value is calculated on the monthly Deduction Day, but before subtracting the Monthly Deduction for the Policy Month following the monthly Deduction Day. The cost of insurance is determined, first for the Initial Specified Amount, and then for each subsequent increase in Specified Amount as follows.

- (a) Divide the Death Benefit Amount on the Deduction Day by 1.00 plus the Guaranteed Interest Rate shown on the Policy Schedule; and
- (b) reduce the result in (a) by the amount of the Accumulation Value allocated to the Initial Specified Amount or subsequent increase in Specified Amount, as the case may be; and
- (c) multiply the result in step (b) by the cost of insurance rate per \$1,000 of Net Amount at Risk, as provided in the Cost Of Insurance Rate provision; and
- (d) divide the result in step (c) by 1,000.

If there have been increases in Specified Amount, steps (a) through (d) above will be applied first to the Initial Specified Amount and then to the increases in Specified Amount, in order by effective date of the increase. The Accumulation Value is allocated first to the Initial Specified Amount until that amount is exhausted, then to the first increase in Specified Amount until that amount is exhausted, and so on until the entire Accumulation Value has been allocated.

POLICY VALUES

(Continued)

COST OF INSURANCE FOR BENEFITS PROVIDED BY RIDERS

The cost of insurance for benefits provided by riders will be as stated on the Policy Schedule.

MONTHLY ADMINISTRATION FEE

An administration fee will be deducted monthly. The Initial Monthly Administration Fee is shown on the Policy Schedule. The amount of the monthly fee may be adjusted, but will never be greater than the Guaranteed Monthly Administration Fee shown on the Policy Schedule.

MONTHLY EXPENSE CHARGE

A Monthly Expense Charge will be deducted during the first five policy years and during the first five years of any increase in Specified Amount. The Monthly Expense Charge due on a monthly Deduction Day is equal to the sum of the Monthly Expense Charges associated with the Initial Specified Amount and all increases in Specified Amount.

The Monthly Expense Charge for the Initial Specified Amount is calculated as follows.

- (a) Multiply the Initial Specified Amount on the Date of Issue by the Monthly Expense Charge Rate per \$1,000 of Initial Specified Amount for the applicable year; and
- (b) divide the result by 1,000.

The Monthly Expense Charge Rates applicable to an increase in Specified Amount will be provided in an endorsement to this Policy. Any decrease in Specified Amount will not change any Monthly Expense Charge then in effect.

COST OF INSURANCE RATE

The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on the Insured's:

- (a) Gender; and
- (b) Age last birthday on the Date of Issue and on the effective date of each increase in Specified Amount; and
- (c) Age last birthday on each Policy Anniversary and on each anniversary date of each increase in Specified Amount; and
- (d) Premium Class shown on the Policy Schedule, associated with the Initial Specified Amount and each increase in the Specified Amount.

A table of guaranteed Monthly Cost of Insurance rates is included in this Policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all similar policies in the same rate class as this Policy. The rate class of this Policy is determined on its Date of Issue according to:

- (a) the calendar year of issue and Policy Anniversary; and
- (b) the plan of insurance; and
- (c) the amount of insurance; and
- (d) the Age, Gender and Premium Class of the Insured.

CHANGES IN RATES, CHARGES AND FEES

Any redetermination of the cost of insurance rates, interest rates, Premium Expense Charge, Monthly Administration Fee, or Monthly Expense Charge will be based on Our future expectations as to investment earnings, mortality, persistency, expenses, reinsurance costs, and state and federal taxes or other factors.

INTEREST RATE

The Guaranteed Interest Rate used in calculating Accumulation Values is shown on the Policy Schedule. We can use interest rates greater than the guaranteed rates to calculate Accumulation Values. We can apply different rates of interest to that portion of the Accumulation Value which equals the amount of Loan Balance, but they cannot be less than the Guaranteed Interest Rate.

POLICY VALUES

(Continued)

GRACE PERIOD

The Grace Period is the 61-day period that follows a monthly Deduction Day or an Annual Policy Loan Interest due date if:

- (a) there is not enough Cash Surrender Value to pay the Monthly Deduction and any loan interest due; and
- (b) the Policy is not being kept in force under the MGP to Age 121 provision.

There is no Grace Period for the initial Monthly Deduction.

If the amount required to keep Your Policy in force is not paid by the end of the Grace Period, this Policy will terminate without value. We will give You at least 31 days notice prior to termination that Your Policy is in the Grace Period and advise You of the amount of premium required to keep Your Policy in force. This 31-day prior notice will be sent to You at Your last address of record and the assignee of record, as shown in Our Home Office records, if any. If death occurs during the Grace Period, the amount due through the Policy Month in which death occurred will be deducted from the proceeds.

If a Surrender request is received within 31 days after the Grace Period commences, the Cash Surrender Value payable will not be less than the Cash Surrender Value on the monthly Deduction Day the Grace Period commenced. The Monthly Deduction for the Policy Month following such monthly Deduction Day will not be subtracted in the calculation of such Cash Surrender Value.

MONTHLY GUARANTEE PREMIUM (MGP) TO AGE 121

The MGP to Age 121 for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The MGP to Age 121 Period begins on the Date of Issue and continues to the Policy Anniversary on or next following the Insured's Age 121. This Policy will not terminate on a monthly Deduction Day within the MGP to Age 121 Period if, on such day the Loan Balance does not exceed the Cash Value, and the sum of premiums paid (minus Partial Surrenders), accumulated with interest, equals or exceeds the sum of the MGP to Age 121 from the Date of Issue including the current month, accumulated with interest. (Interest will accumulate at the annual effective MGP Interest Rate shown on the Policy Schedule.)

If on a monthly Deduction Day, this Policy does not meet the MGP requirements, guarantees under this provision will not be in effect.

During the MGP to Age 121 Period, the MGP will be recalculated if:

- (a) the Specified Amount is increased or decreased; or
- (b) a benefit rider is increased, decreased, added or removed; or
- (c) there is a change in Premium Class.

These changes will not affect the MGP to Age 121 then in effect, if any.

The MGP To Age 121 provision will terminate if the premiums paid within the first policy year are less than the Guideline Single Premium multiplied by the Guarantee Continuation Percentage as shown on the Policy Schedule.

If the Policy does NOT meet the MGP to Age 121 requirements on a monthly Deduction Day, this provision will remain in force during the 61-day period that follows. This 61-day period is called the MGP to Age 121 Grace Period. If the amount required to keep this provision in force is not paid by the end of the MGP to Age 121 Grace Period, this provision will terminate and cannot be reinstated unless the requirements of the Reinstatement provision are satisfied. We will give You at least 31 days notice prior to the end of the MGP to Age 121 Grace Period. Such notice will include the amount of premium required to prevent this provision from terminating. The notice will be sent to You at Your last known address, and to the assignee of record, if any.

Solely for the purpose of determining if the Policy meets the MGP to Age 121 requirements, any money received during the first policy year from an external rollover that qualifies under Section 1035 of the Internal Revenue Code will be credited as of the Date of Issue and any premium received in the first 28-day period following the Date of Issue will be credited as of the Date of Issue.

If the Policy is reinstated during the MGP to Age 121 Period with no change in the Specified Amount, Death Benefit Option, Premium Class or benefit riders, the MGP to Age 121 upon reinstatement will be the same as it was when the Policy lapsed. Additionally, the accumulation of both the sum of premiums paid and the sum of the Monthly Guarantee Premiums will be reset to be the same as what it was on the day the Policy lapsed.

GENERAL PROVISIONS

CONTRACT

The consideration for this contract is the application and payment of the first premium. In return, We promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

- (a) the base Policy; and
- (b) the riders that add benefits to the base Policy, if any; and
- (c) the endorsements, if any; and
- (d) the attached copy of Your application, and any amendments or supplemental applications.

DATE OF ISSUE

The Date of Issue of this Policy is shown in the Policy Data on Page 1. It is the date from which all premium Due Dates, Policy years, Policy Anniversaries and Monthly Deduction dates are determined.

ASSIGNING YOUR POLICY

During the lifetime of the Insured, You may assign this Policy as security for an obligation. We will not be bound by an assignment unless it is received in writing at Our Home Office. We will not be responsible for the validity of any assignment.

INCONTESTABILITY

We rely on the statements made in the application for the Policy and applications for any reinstatements or increases in Specified Amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under the Policy unless it is in such applications.

Except for non-payment of premiums, for fraudulent misrepresentation, or as stated below, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

Exceptions: We can contest any claim related to an increase in Specified Amount until such increase has been in effect during the Insured's lifetime for two years.

If this Policy is reinstated, We can contest this Policy until it has been in force during the Insured's lifetime for two years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount only on the basis of the information furnished in the application for such reinstatement or increase.

This two-year limitation does not apply to any disability or accidental death benefit, or to the nonpayment of premium.

SUICIDE EXCLUSION

If the Insured takes his or her own life, while sane or insane, within two years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any Policy Loans and less any partial Cash Surrenders paid.

If there are any increases in the Specified Amount (see the section entitled "Changing Your Insurance Policy"), a new two-year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the costs of insurance associated with each increase.

When the laws of the state in which this Policy is delivered require less than this two-year period, the period will be as stated in such laws.

AGE AND GENDER INCORRECTLY STATED

The Insured's Age and Gender on the Date of Issue are shown in the Policy Data on Page 1. If the Age or Gender of the Insured is incorrectly stated, We will adjust the Death Benefit Amount. The adjusted Death Benefit Amount will be the amount that would have been purchased by the most recent Monthly Deduction at the Insured's correct Attained Age and Gender.

STATUTORY BASIS OF POLICY VALUES

Cash Values, guaranteed costs of insurance rates and net single premiums are based on the Mortality Table shown in the Policy Schedule for the appropriate Gender and Age last birthday. Continuous functions are used with interest at the Guaranteed Interest Rate shown on the Policy Schedule.

The Cash Values are equal to or more than those required by law. A detailed statement of the method of computing values and benefits has been filed with the insurance supervisory official of the state in which this Policy is delivered.

NO DIVIDENDS

This Policy will not pay dividends. It will not participate in any of Our surplus or earnings.

ANNUAL REPORT

We will send You at least once a year, without charge, an annual report which shows the following:

- (a) premiums paid; and
- (b) expense charges deducted; and
- (c) interest credited to Your Accumulation Value; and
- (d) the cost of insurance deducted; and
- (e) Partial Surrender benefits paid to You; and
- (f) the amount of any outstanding Policy Loan; and
- (g) the current Cash Surrender and Accumulation Values.

GENERAL PROVISIONS

(Continued)

ILLUSTRATIVE REPORT

At any time while this Policy is in force, the Owner may request from Us an illustration of contract values. The values will be based on both guaranteed and then-current assumptions. A reasonable fee, not to exceed \$50, may be charged for additional reports requested in a Policy Year.

WHEN THIS POLICY TERMINATES

This Policy will terminate if:

- (a) You request that this Policy be terminated; or
- (b) the Insured dies; or
- (c) the Policy matures; or
- (d) the Grace Period ends and;
 - (1) there is not enough Cash Surrender Value to cover a Monthly Deduction; or
 - (2) the necessary Monthly Guarantee Premiums to Age 121 have not been paid; or
 - (3) the Policy Loan value exceeds the Cash Value.

REINSTATEMENT

We will reinstate this Policy at any time within five years after the end of the Grace Period and before the Maturity Date. To reinstate this Policy, You must:

- (a) present evidence of insurability for the Insured satisfactory to Us; and
- (b) pay enough premium to keep the Policy in force for two months or, if the MGP to Age 121 provision is eligible for reinstatement, an amount equal to all past due Monthly Guarantee Premiums; and
- (c) repay or reinstate any Loan Balance outstanding at the time of termination, including any loan interest.

The MGP to Age 121 provision will only be eligible for reinstatement if the MGP to Age 121 provision was in force until the date of lapse.

The reinstated Policy will be in force from the monthly Deduction Day on or next following the date We approve the reinstatement application. The schedules of Surrender Charges and Monthly Expense Charges in effect on the date the Policy lapsed will apply to the reinstated Policy.

The Accumulation Value at the time of reinstatement will be:

- (a) the Surrender Charge at the lapse date; plus
- (b) the Net Premium paid at the time of reinstatement; plus
- (c) any Policy Loan repaid or reinstated; less
- (d) the Monthly Deduction for one month.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to the terms of the rider.

RIGHTS RESERVED BY US

Upon notice to You, this Policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this Policy as life insurance.

When required by law, We will obtain Your approval of changes and We will gain approval from any appropriate regulatory authority.

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

| ATTAINED AGE | NO TOBACCO | NO TOBACCO | ATTAINED AGE | NO TOBACCO | NO TOBACCO | ATTAINED AGE | NO TOBACCO | NO TOBACCO |
|-----------------|---------------|---------------|-----------------|---------------|---------------|-----------------|---------------|---------------|
| 20 | \$ 0.10 | \$ 0.07 | 60 | \$ 1.43 | \$ 0.78 | 100 | \$40.90 | \$39.08 |
| 21 | 0.11 | 0.07 | 61 | 1.59 | 0.88 | 101 | 42.98 | 41.51 |
| 22 | 0.11 | 0.07 | 62 | 1.77 | 0.99 | 102 | 45.22 | 44.17 |
| 23 | 0.12 | 0.08 | 63 | 1.96 | 1.11 | 103 | 47.64 | 47.11 |
| 24 | 0.13 | 0.08 | 64 | 2.15 | 1.23 | 104 | 50.49 | 50.33 |
| 25 | 0.13 | 0.08 | 65 | 2.34 | 1.36 | 105 | 54.03 | 53.86 |
| 26 | 0.14 | 0.08 | 66 | 2.52 | 1.49 | 106 | 57.96 | 57.80 |
| 27 | 0.15 | 0.08 | 67 | 2.70 | 1.63 | 107 | 62.35 | 62.19 |
| 28 | 0.15 | 0.08 | 68 | 2.89 | 1.77 | 108 | 67.27 | 67.12 |
| 29 | 0.15 | 0.08 | 69 | 3.10 | 1.94 | 109 | 72.85 | 72.70 |
| 30 | 0.15 | 0.08 | 70 | 3.34 | 2.13 | 110 | 79.19 | 79.04 |
| 31 | 0.15 | 0.08 | 71 | 3.64 | 2.36 | 111 | 83.33 | 83.33 |
| 32 | 0.15 | 0.08 | 72 | 3.98 | 2.64 | 112 | 83.33 | 83.33 |
| 33 | 0.15 | 0.08 | 73 | 4.33 | 2.93 | 113 | 83.33 | 83.33 |
| 34 | 0.16 | 0.08 | 74 | 4.71 | 3.24 | 114 | 83.33 | 83.33 |
| 35 | 0.17 | 0.09 | 75 | 5.14 | 3.58 | 115 | 83.33 | 83.33 |
| 36 | 0.18 | 0.09 | 76 | 5.61 | 3.97 | 116 | 83.33 | 83.33 |
| 37 | 0.19 | 0.10 | 77 | 6.16 | 4.42 | 117 | 83.33 | 83.33 |
| 38 | 0.20 | 0.11 | 78 | 6.80 | 4.95 | 118 | 83.33 | 83.33 |
| 39 | 0.22 | 0.11 | 79 | 7.51 | 5.55 | 119 | 83.33 | 83.33 |
| 40 | 0.24 | 0.12 | 80 | 8.29 | 6.22 | 120 | 83.33 | 83.33 |
| 41 | 0.26 | 0.13 | 81 | 9.13 | 6.95 | | | |
| 42 | 0.29 | 0.15 | 82 | 10.00 | 7.74 | | | |
| 43 | 0.32 | 0.16 | 83 | 10.94 | 8.61 | | | |
| 44 | 0.36 | 0.18 | 84 | 12.02 | 9.59 | | | |
| 45 | 0.39 | 0.20 | 85 | 13.26 | 10.69 | | | |
| 46 | 0.43 | 0.22 | 86 | 14.63 | 11.92 | | | |
| 47 | 0.46 | 0.23 | 87 | 16.11 | 13.27 | | | |
| 48 | 0.49 | 0.25 | 88 | 17.68 | 14.74 | | | |
| 49 | 0.52 | 0.26 | 89 | 19.33 | 16.30 | | | |
| 50 | 0.56 | 0.28 | 90 | 20.96 | 17.89 | | | |
| 51 | 0.61 | 0.31 | 91 | 22.54 | 19.49 | | | |
| 52 | 0.67 | 0.34 | 92 | 24.20 | 21.20 | | | |
| 53 | 0.74 | 0.38 | 93 | 25.96 | 23.05 | | | |
| 54 | 0.83 | 0.43 | 94 | 27.87 | 25.04 | | | |
| 55 | 0.93 | 0.48 | 95 | 29.84 | 27.06 | | | |
| 56 | 1.03 | 0.54 | 96 | 31.77 | 29.09 | | | |
| 57 | 1.12 | 0.59 | 97 | 33.84 | 31.31 | | | |
| 58 | 1.21 | 0.64 | 98 | 36.10 | 33.74 | | | |
| 59 | 1.31 | 0.71 | 99 | 38.54 | 36.43 | | | |

The rates shown above represent the guaranteed (maximum) Monthly Cost of Insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated Premium Class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

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**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

| ATTAINED AGE | TOBACCO | NO TOBACCO | ATTAINED AGE | TOBACCO | NO TOBACCO | ATTAINED AGE | TOBACCO | NO TOBACCO |
|-----------------|---------|---------------|-----------------|---------|---------------|-----------------|---------|---------------|
| 20 | \$0.04 | \$0.03 | 60 | \$ 1.21 | \$ 0.64 | 100 | 29.86 | 28.31 |
| 21 | 0.05 | 0.03 | 61 | 1.31 | 0.70 | 101 | 32.39 | 31.12 |
| 22 | 0.05 | 0.04 | 62 | 1.42 | 0.75 | 102 | 35.24 | 34.32 |
| 23 | 0.05 | 0.04 | 63 | 1.53 | 0.82 | 103 | 38.43 | 37.98 |
| 24 | 0.06 | 0.04 | 64 | 1.65 | 0.89 | 104 | 42.28 | 42.17 |
| 25 | 0.06 | 0.04 | 65 | 1.77 | 0.96 | 105 | 46.95 | 46.84 |
| 26 | 0.07 | 0.04 | 66 | 1.91 | 1.04 | 106 | 52.04 | 51.93 |
| 27 | 0.07 | 0.04 | 67 | 2.07 | 1.14 | 107 | 57.56 | 57.45 |
| 28 | 0.07 | 0.05 | 68 | 2.23 | 1.24 | 108 | 63.58 | 63.47 |
| 29 | 0.08 | 0.05 | 69 | 2.42 | 1.35 | 109 | 70.31 | 70.20 |
| 30 | 0.08 | 0.05 | 70 | 2.63 | 1.48 | 110 | 77.66 | 77.55 |
| 31 | 0.09 | 0.05 | 71 | 2.87 | 1.62 | 111 | 83.33 | 83.33 |
| 32 | 0.10 | 0.06 | 72 | 3.13 | 1.78 | 112 | 83.33 | 83.33 |
| 33 | 0.11 | 0.06 | 73 | 3.41 | 1.95 | 113 | 83.33 | 83.33 |
| 34 | 0.12 | 0.07 | 74 | 3.71 | 2.15 | 114 | 83.33 | 83.33 |
| 35 | 0.13 | 0.07 | 75 | 4.02 | 2.36 | 115 | 83.33 | 83.33 |
| 36 | 0.14 | 0.08 | 76 | 4.36 | 2.59 | 116 | 83.33 | 83.33 |
| 37 | 0.15 | 0.08 | 77 | 4.73 | 2.85 | 117 | 83.33 | 83.33 |
| 38 | 0.16 | 0.09 | 78 | 5.13 | 3.13 | 118 | 83.33 | 83.33 |
| 39 | 0.17 | 0.09 | 79 | 5.56 | 3.45 | 119 | 83.33 | 83.33 |
| 40 | 0.18 | 0.10 | 80 | 6.10 | 3.83 | 120 | 83.33 | 83.33 |
| 41 | 0.19 | 0.10 | 81 | 6.76 | 4.32 | | | |
| 42 | 0.21 | 0.11 | 82 | 7.46 | 4.83 | | | |
| 43 | 0.22 | 0.12 | 83 | 8.17 | 5.37 | | | |
| 44 | 0.24 | 0.13 | 84 | 8.92 | 5.98 | | | |
| 45 | 0.27 | 0.14 | 85 | 9.62 | 6.60 | | | |
| 46 | 0.30 | 0.16 | 86 | 10.44 | 7.34 | | | |
| 47 | 0.33 | 0.18 | 87 | 11.46 | 8.27 | | | |
| 48 | 0.37 | 0.20 | 88 | 12.50 | 9.26 | | | |
| 49 | 0.42 | 0.22 | 89 | 13.47 | 10.26 | | | |
| 50 | 0.47 | 0.24 | 90 | 14.02 | 11.00 | | | |
| 51 | 0.53 | 0.27 | 91 | 14.48 | 11.71 | | | |
| 52 | 0.59 | 0.30 | 92 | 15.47 | 12.92 | | | |
| 53 | 0.65 | 0.33 | 93 | 16.90 | 14.57 | | | |
| 54 | 0.72 | 0.37 | 94 | 18.94 | 16.69 | | | |
| 55 | 0.79 | 0.41 | 95 | 21.42 | 19.06 | | | |
| 56 | 0.87 | 0.45 | 96 | 23.86 | 21.47 | | | |
| 57 | 0.95 | 0.49 | 97 | 25.34 | 23.07 | | | |
| 58 | 1.03 | 0.54 | 98 | 25.94 | 23.95 | | | |
| 59 | 1.12 | 0.59 | 99 | 27.58 | 25.82 | | | |

The rates shown above represent the guaranteed (maximum) Monthly Cost of Insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated Premium Class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

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|--------------------------|---|------------------------|----------------------|
| SERFF Tracking Number: | AMGN-125739869 | State: | Arkansas |
| Filing Company: | American General Life and Accident Insurance Company | State Tracking Number: | 39705 |
| Company Tracking Number: | AGLA 5SIUL REV0308, P3, ETAL | | |
| TOI: | L09I Individual Life - Flexible Premium Adjustable Life | Sub-TOI: | L09I.001 Single Life |
| Product Name: | AGLA 5SIUL REV0308 Insert Page Filing | | |
| Project Name/Number: | 2001 CSO Mortality Table Reqs/AGLA 5SIUL REV0308, Pgs 3, 6/7, 8/9, 14/15, 16/17 | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-125739869 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 39705
Company
Company Tracking Number: AGLA 5SIUL REV0308, P3, ETAL
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: AGLA 5SIUL REV0308 Insert Page Filing
Project Name/Number: 2001 CSO Mortality Table Reqs/AGLA 5SIUL REV0308, Pgs 3, 6/7, 8/9, 14/15, 16/17

Supporting Document Schedules

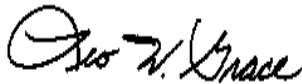
| | Review Status: |
|--|-----------------------|
| Satisfied -Name: Certification/Notice | 07/18/2008 |
| Comments: | |
| Attachments: | |
| ARCERT2.pdf | |
| ARCERT4.pdf | |
| ARCERT5.pdf | |
| | |
| | Review Status: |
| Bypassed -Name: Outline of Coverage | 07/18/2008 |
| Bypass Reason: This is a life policy form filing. | |
| Comments: | |
| | |
| | Review Status: |
| Satisfied -Name: Statement of Variability | 07/22/2008 |
| Comments: | |
| Attachment: | |
| SIUL_2001CSO Policy Sched Variables.pdf | |

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

| | |
|-------------------------------------|-------------|
| Subject: AGLA 5SIUL R REV0308, Pg 3 | Insert Page |
| AGLA 5SIUL REV0308, Pg 6/7 | Insert Page |
| AGLA 5SIUL REV0308, Pg 8/9 | Insert Page |
| AGLA 5SIUL REV0308, Pg 14/15 | Insert Page |
| AGLA 5SIUL M REV0308, Pg 16/17 | Insert Page |
| AGLA 5SIUL F REV0308, Pg 16/17 | Insert Page |

This is to certify that, to the best of my knowledge and belief, the above forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace
Vice President

DATE: July 22, 2008

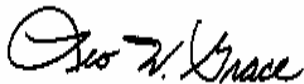
AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

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| | AGLA 5SIUL REV0308, Pg 6/7 | Insert Page |
| | AGLA 5SIUL REV0308, Pg 8/9 | Insert Page |
| | AGLA 5SIUL REV0308, Pg 14/15 | Insert Page |
| | AGLA 5SIUL M REV0308, Pg 16/17 | Insert Page |
| | AGLA 5SIUL F REV0308, Pg 16/17 | Insert Page |

I certify, as an officer and qualified actuary of American General Life and Accident Insurance Company, that I have reviewed Rule and Regulation 34 and that, to the best of my knowledge and belief, the subject policy form AGLA 08174 and its supporting actuarial material comply with Rule and Regulation 34.

I further certify that the reserves shall not be less than the actual Cash Values provided for under policy form AGLA 08174.



Leo W. Grace
Vice President

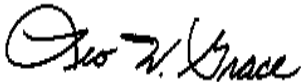
DATE: July 22, 2008

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

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| | AGLA 5SIUL M REV0308, Pg 16/17 | Insert Page |
| | AGLA 5SIUL F REV0308, Pg 16/17 | Insert Page |

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.



Leo W. Grace
Vice President

DATE: July 22, 2008

Statement of Variability
Description Of Bracketed Items On The Policy Schedule
Policy Form 5SIUL

| BRACKETED ITEM ON POLICY SCHEDULE | DESCRIPTION OF BRACKETED ITEM |
|---|---|
| BASIC POLICY Flexible Premium Adjustable Life Insurance Years Payable [61] | The number of years that a monthly cost of insurance is due under the basic policy. Varies depending on Insured's issue age; Range of values: 36-61 |
| Premium Class - [Standard – Non Tobacco] | This field displays the Insured's s premium class. The possible values for this field are: Preferred – No Tobacco Standard – No Tobacco Preferred – Tobacco Standard – Tobacco Rated – No Tobacco Rated - Tobacco |
| Initial Premium – [\$44.95] | This field displays the premium paid on the date of issue. Varies depending on Insured's gender, issue age, Premium Class, the policy Specified Amount, and the planned premium/premium frequency specified by the applicant/owner. |
| Planned Periodic Premium - [\$44.95] | This field displays the periodic premium indicated in the application. Varies depending on the planned premium specified by the applicant/owner. |
| Due Date (for Planned Periodic Premium) - [1st Day of Each Month] | This field displays the due date for each periodic premium based on the premium mode selected in the application. Varies depending on the planned premium frequency specified by the applicant/owner. |
| Deduction Day - [1st] Day of Each Month | This field displays the date on which the Monthly Deduction is deducted from the Accumulation Value. Day shown is the same as the day of the month that the policy is issued. |
| Monthly Guarantee Premium (MGP) To Age 121 – [\$41.80] | Varies depending on the Insured's gender, issue age, Premium Class and the policy Specified Amount. Rates are provided in the actuarial memo. |
| Monthly Guarantee Premium Interest Rate –[15% in Policy years 1-15, 0 thereafter] | This field is the initial value for the Monthly Guarantee Premium Interest Rate. Minimum value is 0%; maximum value is 15%. |
| Guarantee Continuation Percentage –[75%] | This field is the initial value for the Guarantee Continuation Percentage. Minimum value is 50%; maximum value is 100%. |
| Guideline Single Premium – [\$6,102.51] | Varies depending on the Insured's gender, issue age, Premium Class and the policy Specified Amount. |
| Premium Expense Charge Percentage – Initial [7.50%] | This field is the initial value for the premium expense charge percentage. Minimum value is 0%; maximum value is 7.50%. |
| Monthly Administration Fee – Initial [\$7.00] | This field is the initial value for the monthly administration fee. Minimum value is \$0.00; maximum value is \$7.00. |
| Monthly Expense Charge Rate Per \$1,000 of Initial Specified Amount Years 1 – 5: [\$0.97] | These fields show the monthly expense charge per 1,000 of specified amount. Varies depending on the Insured's gender, issue age, and tobacco class. Rate per 1,000 may vary from \$0.00 to \$4.00. |
| Minimum Specified Amount - [\$10,000] | This field shows the minimum specified amount that must remain inforce following a decrease in specified amount requested by the owner. Minimum value is \$2,500; maximum value is \$15,000 |
| Minimum Increase Amount – [\$5,000] | This field shows the minimum increase in specified amount that may be requested by the owner. Minimum value for this field is \$2,500; maximum value is \$10,000 |
| Surrender Charge Period - [19] Years | This is the number of years that any surrender or decrease in specified amount is subject to a surrender charge. Varies depending on Insured's issue age; Range of values: 14-19 years |
| Table of Surrender Charges per \$1,000 of Initial Specified Amount | This table varies based on the insured's issue age, gender, and premium class. The possible values are provided in the actuarial memorandum for the form. |
| Maturity Date - [July 1, 2069] | This is the date that the policy matures. This is set to the first policy anniversary on or after the insured's 121st birthday. |